

SUB-CONTRACTOR ROSTER

PERMIT #: _____

JOB LOCATION: _____

Note: Print all information. This form is required before the inspection for permanent service or final inspection. All license numbers must be current.

Main Contractor name: _____			Town Business License: _____	State License & Group: _____
TRADE	COMPANY NAME	LICENSE HOLDER'S NAME	TOWN BUSINESS LICENSE #	STATE CONTRACTOR LICENSE & GROUP
Electrician				
Plumber				
HVAC				
Roofer				
Foundation				
Masonry				
Steel				
Vinyl/aluminum siding				
Stucco				
Insulation				
Sheet rock/dry wall				
Carpentry-Framing				
Carpentry-Interior Trim				
Cabinets				
Painting				
Iron railings				
Wallpaper				
Tile work				
Flooring				
Equipment				
Elevator				
Factory Fireplace				NA
Glass				NA
Bldg Sprinklers				
Alarm System				
Hood – Fire Protection				
Gas				
Other				
Other				